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**The Logic of Practice:
An Ethnographic Study of Front-line Service Work
with Small Businesses in Ontario's
Workplace Safety and Insurance Board**

Working Paper # 346



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Table of Contents

Acknowledgements	3
Abstract	4
Summary of Research and Findings	5
Research Report	
Introduction and Orientation	7
Existing knowledge	8
Research Objectives	8
Theoretical Perspective and Research Design	8
Methods	9
Findings	
Finding #1: Work at the FLs is framed in significant ways by the disciplinary role and competing operating imperatives of the WSIB as an institution	12
Finding #2: FL work is a professional assembly line	14
Finding #3: FL work involves strategic discretionary practices that are key ‘tools of the trade’	15
Finding #4: The distinctive features of small businesses, and their marginal status in the WSIB, overlie and accentuate the core processes of front-line work	21
Implications	22
Appendix 1 Review of Literature	27
References	34

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Abstract

Objective: To characterize and explain the nature, logic and social relations of front-line service work at Ontario's Workplace Safety and Insurance Board (WSIB), particularly in relation to the institutional context in which it takes place.

Methods: Individual interviews with adjudicators, nurse case managers and customer service representatives, and managers working with small businesses, 'go-along' observations of routine activities, and documentary materials (e.g. electronic forms, policy manuals, performance tools) were collected from two WSIB offices (urban and regional) during 2005-2007 and analyzed using interpretive qualitative methodology.

Results: The WSIB has deep-set competing institutional accountabilities that frame work at the front-line. Front-line work is a 'professional assembly line' where judgment and flexibility are required within a highly standardized process. Strategic discursive (language/talk) and strategic discretionary practices enable staff to 'keep things moving', solve problems, manage clients, and handle conflicting expectations. Work with small businesses has distinctive challenges within an administrative and policy system designed for larger organizations, and is affected by the marginal, oft-changing status of small business within the WSIB.

Conclusions: Front-line staff mediate the competing objectives of the WSIB and manage a delicate set of 'disciplinary' relations with involuntary clients in a context of limited, uncertain, and changing rules, policies and resources. Findings have implications for injured/ill workers, employers, WSIB administrators, front-line workers themselves, and the occupational health system as a whole.

Summary of Research and Results

Purpose The interface between workplace parties and the Workplace Safety and Insurance Board (WSIB) is critical to the experiences of those using the service (injured/ill workers), as well as to the outcomes of the agency's prevention, compensation and return to work (RTW) services. Our previous research has explored the perspectives of injured workers and employers on their relations with the WSIB, and identified a variety of strains and difficulties, including the part played by the compensation process in the production of stigma associated with work injury and compensation. Little is known about this key encounter from the point of view of the frontlines (FL). From a sociological perspective, and in relation to the institutional context in which they occur, the study sought to describe and explain the nature, logic and social relations of FL service work at Ontario's WSIB, specifically the work of adjudicators, nurse case managers, and customer service representatives working with small businesses.

Method The research, conducted in 2005-07 in two WSIB offices (one urban, one regional) consisted of: 1) individual in-depth interviews with 36 FL staff, including some directors and managers; 2) on-site 'go-along' observation sessions with eight staff members as they went about their routine daily work; 3) analysis of documents that reflected the operational context of FL work (e.g. policy manuals, training documents, performance tools, forms). These data were analyzed using various qualitative approaches to interpretation, conceptualization and theoretical generalization.

Findings The study produced four main sets of findings:

1. Work at the FL is framed in significant ways by the disciplinary role and competing operating imperatives of the WSIB as an institution.

As a governmental agency charged with compensation and prevention services for work-related injury and ill-health, the WSIB is by nature 'disciplinary' in that it involves setting rates and collecting payments from employers, controlling access to benefits and managing the claims process of injured/ill workers, and ensuring compliance with WSIB rules and policies. In addition to this disciplinary role, three institutional goals of the WSIB have particular significance for understanding FL work:

Solvency – the WSIB must balance revenue and expenditure, a fundamental responsibility that infuses institutional operations and necessitates a concern with cost control.

Impartiality – the WSIB must answer to both employers and workers, whose interests are different and often contradictory. The execution and appearance of fairness is a political institutional imperative and is crucial to the functioning of the organization.

Productivity – the WSIB must manage the intake, processing and discharge of a huge, incessant flow of claims and service-related materials, making productivity and efficiency core managerial necessities within the organization.

These institutional accountabilities, however, can conflict with each other, and the tension 'plays out' operationally at the front-lines. Much of what the FL staff think, say and do reflects their positioning at the intersection of these competing expectations.

2. FL work is a ‘professional assembly line’

In many ways, FL work is like an assembly line where much attention is devoted to ‘keeping the system moving’. However, unlike industrial assembly lines, the units of labour at the WSIB are services, procedures and client interactions that have gatekeeping and enforcement functions, and high emotional content. Procedures cannot be fully or easily routinized, and the work requires professional ‘soft’ skills - complex social interaction and reasoning, improvised responses and problem solving. Thus, to varying extents, work at the FL can be characterized as a ‘*professional assembly line*’.

3. FL work involves strategic discretionary practices that are key ‘tools of the trade’

To do their jobs FL staff engage (consciously and otherwise) in two sorts of practices: *Discursive framing* - How things are named/conceived can facilitate (or their absence inhibit) efforts to make decisions in ambiguous or difficult situations and reconcile conflicting institutional expectations. For example, the construction of the small employer as a struggling mom and pop operator can legitimate ‘giving a little slack’; the construction of the injured worker as unworthy can help justify claim denial. *Discretionary’ practices* - Variation in practices of communication, documentation and the enforcement of rules play an important role in securing client goodwill, minimizing costs and conflict, and maintaining efficiency. Paradoxically, such strategic discretionary acts can simultaneously compromise other WSIB objectives, such as systemic fairness, and can position FL staff unsettlingly in the grey zones of protocols and policy.

4. Distinctive features of small businesses, and their marginal status in the WSIB, overlie and accentuate the core processes of FL work.

The underlying assumptions and operating principles of the WSIB are largely designed for large workplaces, with small workplaces being handled by regulatory exemption, or by the application of standard policy and procedural provisions that may presume expertise, resources and circumstance that such clients do not have. FL staff working with small businesses are often unable to use the regular tools of the trade or to abide by standard procedures and policy, and they are drawn of necessity into discretionary practices that ‘work around’ or even ‘against’ the system. The challenges of working with small business are compounded by the frequent relocation of small business services within the WSIB, which can convey ambiguous priority, and demand constant re-configuration of work practices at the FL.

Implications

The study’s findings (especially those related to the role of the FLs in mediating the structural tensions of the WSIB as an institution, the demands for and uses of ‘soft skills’ and discretionary practices ‘on the line’, the injured worker ‘role’, and the operating logics and discourses of FL work) have differing relevance to the various stakeholders in the compensation system who have differing interests in the matter of how the FL ‘works’.

Research Report

Introduction: Rationale and Orientation

Front-line (FL) service personnel are those who are directly engaged in implementing, at a practical, hands-on level, an institution's mission and goals, who interact face-to-face with clients. In the case of human service organizations like the WSIB, FL staff are responsible for executing the policies, strategies and programs that are generated by the organization. They constitute a critical link between the organization and its clients. How they do this is of evident significance to the performance of the organization as a whole, and has important implications for the users of WSIB services – employers and workers. Indeed, because of WSIB's central role in Ontario's occupational health and safety system, FL service work can be seen as a lynch-pin of the system as a whole.

The role of FL staff is of particular salience with regard to the WSIB's service to the small business (SB) community. The challenges associated with effective servicing of this sector are widely acknowledged (1-3) and underlie the special attention the WSIB has devoted to this sector. SBs have a much more direct (and possibly critical) relationship with the WSIB than have large firms because employers lack mid-level managers who deal with such external authorities, and workers, not typically being unionized, are often not represented by intermediary professionals.

The investigators' earlier research on return-to-work (RTW) highlights the importance of the relationship between FL WSIB service staff and small business employers and injured workers (4). It was evident in that research that the FL staff's capacity to manage the tension-laden nature of the interaction, and their capacity to negotiate 'co-operation' between parties that have different (often competing) stakes in the encounter, could be of considerable relevance to the outcomes of RTW and to the strategy of self reliance and early return. It is also possible, based on these findings and on those of Lippel (5) that relations with FL compensation board personnel might be playing a role in the stigmatization of injured workers and claimants.

Improving business practice is a key institutional objective of the WSIB. However, the kind of knowledge sought for such purposes, and the questions asked of the matter, are generated from within the system itself, for *administrative purposes*. Different sorts of questions and different sorts of knowledge emerge from a *scientific perspective* on FL service work. The project being reported here approached FL work as a scientifically driven rather than administratively driven exercise. That is, it sought to understand FL work at the WSIB not as an internal managerial problem but as a theoretically constructed object of scientific inquiry. From this perspective FL work is viewed in terms of its generic, abstract properties – for example, as a form of service work located at the intersection of institutional and client interests. This is a place of competing needs, unequal power, emotion. Thus the research was about understanding this social location, characterizing and explaining what kind of work this is, what kind of expectations

intersect in the job, what forces constrain and propel the way FL workers comprehend and construct their jobs and manage their position at the institutional vortex.

Existing knowledge of relevance to understanding FL work with small business

There are a number of bodies of research literature that informed the design and content of the study and the interpretation of data. First is the literature on RTW generally. Second is literature specifically devoted to study of case managers and other FL workers in occupational health and safety. Third is research on human service work more generally. Fourth is literature on an important feature of human service work, so-called “emotion work”.

These diverse bodies of literature helped set the stage for the study of FL workers at the WSIB, sensitizing us to a number of different concepts and social processes that might surface in or frame our own investigations. The literature we explored oriented us towards a view of front-line work as *situated* human service activity that is based on interaction within a particular institutional context. We have included a review of this literature in Appendix 1 at the end of this report.

Research objectives

1. To characterize, from a sociological perspective, the work and work experience of three groups of WSIB FL service staff working with the small business community (adjudicators, nurse case managers and customer service representatives), including their understandings (how they apprehend and construct their work) and their practices (what they do and how they do it).
2. To account for these understandings and practices in terms of the interactional, material, and organizational aspects of the work environment, and in relation to the particular character of service to small enterprises.
3. To reflect on the implications of study findings for key stakeholders in the WSIB.

Theoretical perspective and research design

The general perspective taken to this research is sociological. We take a ‘critical realist’ stance to scientific understanding: human action is understood as emerging from both the concrete material and structural conditions of work *and* from symbolic social constructions (the meanings attached to phenomena). From this perspective, the practices of FL service staff are understood as arising both from creative individual rationality regarding the practical demands of work, *and* from a deeply embedded, unconscious ‘logic’ or implicit ‘rules’ of the ‘game’ and taken-for-granted assumptions that are generated by the institutional context and broader social structures (6).

This orientation led us to three different lines of investigation. First, we sought to ‘get in the shoes’ of FL service staff in order to see the world through their eyes. Here we

attempted to learn what it is like to do this kind of work, what meanings they assign to their work, how they conceive their jobs, their role in the institution and their relationships with clients. What, from their point of view, are the central dimensions of the work, the primary considerations and rationales and meanings that govern their conscious participation in it? This is about FL staff's lived experience of their work.

Second, we tried to document how the staff actually accomplish their work: what they do (or not do), how they manage difficult situations and balance competing demands, what skills and knowledge (formal and tacit) they bring to bear on their work, how they engage with clients and their WSIB co-workers. This analysis combines staff's own self-aware accounts with observations and analytic insight from the investigators.

Thirdly, we wanted to explore how the practical, day-to-day work at the FLs is systematically structured by explicit rules, policies, administrative procedures, and by implicit, invisible discourses (ways of conceiving of things) and institutional forces (e.g. the way work is organized, the nature of supervision and decision-making in the organization, the systemic function of FL personnel within the organization), and by the practical demands of addressing the special characteristics and circumstances of small business.

The theoretical perspective of the research, and the objectives of the project called for a qualitative design. Qualitative designs are not oriented to establishing statistical relationships, testing hypotheses, or determining the distribution or probability of already-known phenomena. Rather, qualitative designs are compatible with situations where the core categories of analysis are not known or are inadequate, where the inquiry centres on social relationships and processes, and where the topic has changing and emergent properties that are highly meaning- and context contingent.

The specific qualitative design combines elements of two methodological/theoretical approaches: 'grounded theory' (7) and 'structural-interactionism' (8, 9). This latter term refers to a combination of 'symbolic interactionism' (a theoretical perspective that explains human behaviour in terms of meanings that individuals attach to phenomena, meanings that are socially produced through interaction) and 'structuralism' (the perspective that sees human behaviour as being directed by external norms, social sanctions/rewards, and structures of knowledge that are embedded in institutions and social organization) (10, 11). The blending of these approaches allowed a multi-level, empirically grounded account of 'what is going on here'. Importantly, it provided a methodology for investigating the link between knowledge, practice and interaction at the FL and broader social, administrative and policy structures (12).

Methods

Data collection

Three sets of data were collected and analyzed: individual interviews, on-site observations of work activities and 'go-along' ethnographic inquiry, and documentary materials.

Interviews with FL staff and managers. Individual interviews were conducted with 28 individuals from three core groups of FL small business service staff (adjudicators, nurse case managers, and service representatives) and team managers and directors. Interviews were done in two different WSIB offices, one urban and the other regional; one individual from a third office was also interviewed. Interviews were conducted by all of the researchers using ‘free-tethered’ techniques, which involve conversation-like dialogue around general domains of interest to the investigators. Unlike questioning in survey questionnaires (structured questions and fixed-choice answers) the interviews gave respondents considerable free rein to identify and frame issues in their own way and to use their own linguistic and conceptual repertoire for expressing themselves (13).

FL staff were asked to talk about their work, what they do and how they do it, with whom they interacted, what difficulties they encounter and how they manage them. Managerial personnel were asked about their supervisory responsibilities and challenges, their view of FL work, and their administrative approaches. Interviews were conducted at a place of the participant’s choosing: many were in coffee shops, or in private offices. Interviews were taped (with permission) and lasted between one and two hours. Great effort was made to ensure that participants understood that the research was *not* a management evaluation, that the interview was confidential, and that individual participants would not be identified or be identifiable.

Observation and ‘go-along’ inquiry. Eight additional FL staff were accompanied for half a day as they did their routine work, and were asked in the course of their activities about the logic and rationale of what they were doing as they did it. This is a variation on ‘go-along’ techniques that involve accompanying participants in geographical space as they move about particular environments and are questioned/interviewed en route as events and situations unfold (14, 15). Most of the observation time was spent sitting alongside of staff members in their work cubicles, watching what they did, how they used their computer systems, recorded information, managed telephone calls, conferred with colleagues. Decisions as to what to observe were made on both a theoretical basis (e.g. opportunities to explore key emerging ideas) and a practical basis (e.g. in relation to what is feasible, what actually happened, ethical considerations). The observer took some notes where feasible/appropriate during the time in the field, followed up by extensive dictated observations immediately after the session (16, 17).

In quiet times during the observation periods, the researcher had conversations with the staff member, allowing such questions as: ‘What was X about?’ ‘Why did you decide to do that? Do you normally do it that way?’ ‘If Y instead of X had happened, what would you have done?’ The advantage of this method was that it allowed the inquiry to be grounded in concrete empirical instances and experiences, and offered an additional viewpoint from that achieved through more abstract or hypothetical questioning in a formal interview. Observations also enabled insight into dimensions of work that were less (or in-) accessible through individual self-accounts.

Documentary materials. Documentary, or ‘text-based’ materials that relate to the work of FL service work were collected. We sought materials such as training documents, practice guidelines, laws and regulations, and business plans. These materials were taken as observable manifestation of the prevailing institutional and social structures governing the work and orientation of FL staff (18). The sample was assembled as the study progressed, as their relevance was recognized.

Relationship between researchers and study participants. All forms of qualitative inquiry emphasize ‘reflexivity’ as a key methodological principle that includes questioning how the research process itself influences data and interpretation. Understanding (and accommodating in data collection and analysis) the relationship between researchers and the subjects of the research is particularly important. In our approach to participants and in the course of the interviews and observation periods we took pains to affirm that we were not conducting a study for management purposes, that the intent was scientific rather than evaluative, that our interest was not in judging the performance of their jobs but in understanding the nature of this kind of work and how it is done in this institutional context. During interviews and observations we generally found that our participants appeared remarkably open and unrestrained regarding their accounts of their work and clients. All research, however, is situated interaction, and we were aware that what we were being told, and how staff presented themselves, needed to be understood in the context of what was happening at the WSIB at the time, including the planning of a new management model and the reorganization of front-line roles. Nonetheless, we felt comfortable – hopefully correctly – that we were nonetheless able to glimpse through this lens some of the underlying core features of FL work. Indeed, the staff’s willingness to share with us certain details of their work without apparent indications of concern contributed itself to our ability to understand the social conditions of FL work.

Sample

We used a two-stage sampling strategy. At the outset of the project we made several sampling decisions: we focused on three groups of staff because they represented the primary FL work service work to small business and were the groups suggested by our WSIB facilitators. We included staff from two WSIB offices because we were told that modes of operating differed between offices, especially between the central office and regional ones. Two offices that were reputedly quite different from each other were chosen after consultation with key WSIB administrators. One was urban, the other serviced a region including rural areas. In consultation with WSIB administrators we gathered basic descriptive information on a complete list of FL personnel in these three groupings, including the team and/or industry group they worked with, their approximate length of service (experience), their past history working in other areas of the WSIB, their gender, age. On the basis of this information we approached individuals who represented a diversity of experience, perspective, and location in the system.

Once the project was underway and analysis commenced, we shifted to a ‘theoretical’ sampling strategy, consistent with the research methodology being used (7). That is, we selected individuals for interview or observation who, as best we could anticipate from

what we knew about the staff, allowed us to explore emerging issues and develop/test fledgling concepts and explanations.

Recruitment was done with great care and sensitivity to issues of confidentiality. WSIB administrators and managers only provided us with the initial full list of employees, after which we kept entirely confidential (from the managers and from other co-worker participants in the study) the identities of those we approached and those who actually participated in the study. Of those invited to participate, very few declined participation.

Data Management

Interview tapes were transcribed verbatim, using conventions established for the particular analytic needs of this project. Data were stored and organized by a computer software program (*NVivo*) for the management of qualitative data. Observation notes were dictated, transcribed and electronically filed. Documents were analysed and analytic notes on them inserted into the basic files for coding and analysis.

Analysis

As in most forms of qualitative interpretive analysis, data were analyzed as they were collected and data collection altered in alignment with emerging findings and ideas. A variety of qualitative analysis strategies were used, including:

- 1) Multiple, stratified readings of the data (items are read and re-read in their entirety, each time at a different level of analysis, to apprehend subject positioning, substantive content, discursive content, structural mechanisms (19, 20).
- 2) Coding of data segments as and when the core analytic frame was developed (13)
- 3) Specific analytic devices, including comparative analysis (e.g. progressive delineation of properties of a phenomenon through systematic comparison with negative cases, contrasting situations (21)); discursive scrutiny (close examination of key semantic usage, the narrative structure of the accounts, (18)); iterative shifts between micro analysis (e.g. of behaviour and interaction) and contextual analysis (e.g. social constraints lying outside of the immediate interaction (22)).
- 4) theorization was aided by intermittent visits to relevant literatures in order to get conceptual purchase on the data (23).

Findings

Study findings touch on a broad range of issues. In this report, four key interconnected findings will be reported. Other more specific analyses will be written up in separate papers for publication.

Finding #1: Work at the FLs is framed in significant ways by the disciplinary role and competing operating imperatives of the WSIB as an institution.

Several features of the WSIB as an institution are central to the perspectives and work practices of those working at the front-lines.

Disciplinary role

As a government trust agency mandated to administer a no-fault insurance for employers and employees for work-related injury and illness, the WSIB is fundamentally a ‘disciplinary’ organization. By this we mean that the WSIB exerts considerable control over its clients, both employers and workers. For example, vis à vis injured workers, aligned with provincial legislation, the WSIB determines eligibility for benefits, sets the terms of the claims process, and applies incentives and sanctions to ensure compliance with legislation and its own policies and regulations. Likewise, there is a disciplinary element in the WSIB’s relationship with employers as it tries to locate unregistered or defaulting employers, ensure proper rate group classification, penalize/incentivize timely payment and compliance with reporting and RTW policies.

This ‘disciplinary’ role is accentuated by the involuntary nature of WSIB clienthood. Unlike clients of a commercial insurance company, employers are obligated by law to pay into the system, and injured workers have no choice of agency from which to seek redress for work harm.

The disciplinary character of the WSIB affects many aspects of its operation and outcomes, including work practices at the front line, especially through its implications for authority, power and trust and other key features of the social relations between FL staff and clients.

Competing operating imperatives

As an institution, the WSIB has a number of ‘imperative’, or commanding mandates that function to propel, differentiate and orchestrate decision making and priorities within the organization. Three such imperatives have particular implications for work at the FLs. Each infuses many aspects of institutional discourse and operation, though in different ways in different locations. Typically these imperatives are formally addressed and explicitly articulated mostly at the top administrative levels of the WSIB, but they are nonetheless present throughout the organization, embedded in operational structures, rules and procedures, and in patterns of thought and practice at the FLs.

The solvency imperative. Financial accountability – particularly the balancing of revenue and expenditure – is a foundational, overriding responsibility of the WSIB. Although primarily a function of senior management, a concern with solvency (particularly cost control) can be found at all levels of the organization. It is present in the general discourse (way things are commonly conceived, named), most significantly in the finding that employers are seen as ‘revenue’ while injured workers are seen as ‘cost’. It can also be seen as implicit in various operating procedures. For example, cost considerations figure prominently in decisions to admit injured workers to re-training programs, and employer non-compliance is referred for special investigation only when financially ‘worth it’.

The impartiality imperative. The WSIB is accountable to both employers and workers. However, these parties are positioned very differently in relation to workplace health and compensation, and have correspondingly very different, often conflicting, interests and needs. The quest for neutral ground and ways of balancing competing expectations is central to the WSIB's institutional *modus vivendi*. The execution and appearance of fairness and equanimity to workplace parties are critical to the reputation, political positioning, and operating capabilities of the WSIB.

The productivity imperative. Whatever else it is, the WSIB is also a unit of production itself that must tend to its own considerable technical and bureaucratic challenges: the management of a large, fluctuating employer client base, the processing and discharge of an incessant in-flow of claims and service-related correspondence, and management and supervision of multiple out-sourced professional services. The administrative demands of maintaining such a complex, continuous-process organization necessitates a resident managerial concern with productivity and efficiency that is imprinted in FL work.

Tensions are evident within and between these institutional imperatives. Fiscal accountability can conflict with efforts to be non-partisan (e.g. how to treat injured workers and employers equally if the former take money out of the system while the latter put it in?). Bureaucracy and efficiency can both increase and decrease productivity (e.g. impersonal and standardized procedures can speed up process and convey impartiality, but they can also demoralize clients, impair trust, and impede the 'flexibility' needed for successful RTW).

Tensions and contradictions at the institutional level play out at the front-lines where staff are in direct contact with clients and must actually implement broader organizational mandates. For example, FL staff are expected to reduce costs while adhering to a 'look to allow' approach, maximize revenue retrieval from employers while simultaneously penalizing them for violations, and achieve service efficiencies while trying to avoid making clients 'feel like a number' and thereby raising levels of dissatisfaction and non-compliance. How FL work is accomplished is governed in large part by their *mediating role* in managing structural tensions and competing institutional goals on behalf of the WSIB.

Finding #2: FL work is a professional assembly line

In many ways, we propose, FL work is like an assembly line. Adjudicators and nurse case managers must process a constant, high-volume flow of client 'cases' and 'keep the system moving' by resolving and discharging cases to make room for the continuous intake of new ones. Customer service work involves a highly scheduled process of establishing and maintaining accounts with small employers in order to maximize and regulate the flow of revenue into the agency. In various ways FL staff are tied to the 'line': there are, for example, rules and norms about how long staff can take to answer telephone messages, or about the length of time files or correspondence can be kept on one's desk before one is considered to have primary responsibility for them (or to 'own'

them, as some staff called it).

However, unlike industrial assembly lines, the units of labour at the WSIB are services and client interactions that have gatekeeping and disciplinary functions and high emotional loadings. On such a line, procedures cannot be fully or easily routinised because human beings and social behaviours are inherently difficult to predict and control. Further, because the tools of standardization – rules and policy guidelines – cannot cover the full breadth and complexity of decision contingencies, they cannot be fully laid out. Routinisation may also be impeded by the fact that the rules themselves sometimes conflict with each other. Work in such a context requires ‘soft skills’ – complex, professional-type social interaction and reasoning, improvised responses and problem solving. Thus, to varying extent across the FL groups, the work can be characterized as a ‘professional assembly line’, a form of work that generates its own challenges and that is associated with other findings of the study, as we see next.

Finding #3: FL work involves strategic discretionary practices that are key ‘tools of the trade’

To do their jobs as they understand them, and to keep things moving on the line, FL staff engage in a range of practices (consciously and otherwise). These practices are of two different but overlapping types: ‘discursive’ and ‘discretionary’, and they constitute key ‘tools of the trade’ for accomplishing FL work.

Discursive framings

The FL staff construct, or ‘frame’ discursively¹ the people and circumstances of their work. These conceptualizations or framings have consequences for the FL staff and for the broader organization as well. The study traced how constructing things in certain ways can facilitate or inhibit the FL staff’s efforts to do their jobs, particularly the challenging elements we have outlined above: ‘keeping the system moving’, making decisions in ambiguous or difficult situations, and reconciling competing institutional expectations. Although we identified multiple ‘discourses’ supporting the day-to-day work of FLers, many cluster around three core framings.

Contrasting constructions of employers and injured workers. One example of such discursive practices and their relationship to action is the portrayal of the small employer as the iconic local ‘mom and pop’ business operator. Such employers are viewed as being highly motivated to limit costs and to seek the best business advantage for their enterprises. Importantly, such economically-driven motivation is generally viewed by the FL staff as ‘natural’ and ‘legitimate’ orientation for business people. This representation tends to support accommodative responses from FL staff (especially from the CSRs) who

¹ The word ‘discursive’ comes from the notion of ‘discourse’ which refers to a diffuse, generic form of thought and practice that is shared by groups of people in particular times and places and situations. A discourse is shared ‘common sense’ that includes beliefs, assumptions, conceptualizations and actions that embody them. Discourses both govern or frame the way people think about things and act, and they are themselves produced and reproduced by people engaging in them.

speak of giving employers ‘a little slack’, of taking a ‘soft’ approach, of overlooking small misdemeanors like late filing, and of having to ‘educate’ small employers so that they follow the rules.

The discourse around worker clients, however, operates in a parallel way, although often in a different direction. Here, in contrast to employers, economic motivation and maximization of advantage tend not to be seen as legitimate attributes for injured workers in the compensation system. As we have seen in previous research (4), such a stance can instead be cast as a sort of moral deficiency (‘scamming’, ‘playing games’, even ‘abusing’ the system). Injured workers are not expected to optimize self interest, and being seen to do so can be poorly regarded by FLers. There are many examples in the data of the negative regard attached to behaviours seen to be self-motivated. For example, some adjudicators said that ‘red flags’ were raised for them when injured workers inquired about their entitlements (e.g. transportation and drug allowances), and others said they could be alerted to potential difficulties ahead when injured workers entered the compensation system already with legal representation. Because maximizing economic advantage is not seen as a legitimate motivation for injured workers, behaviour that is interpreted as such is less likely to invite the ‘give him a break’ sort of response that employers might have received from customer service representatives. Indeed, the perception of an injured worker as ‘taking advantage of the system’ was more likely to invoke a being ‘tough’ response, or a move to ‘call his game’, and could even help support a decision to deny or end a claim.

Injured worker ‘role’. A ‘role’ (in the sociological sense) is a cluster of expectations, sanctions, obligations, and rights associated with particular social statuses. FLers shared common notions of the role of the injured worker, embodied in notions of how they ‘should’ ideally be and behave. We have already noted one important feature of this role – the expectation that injured workers are not economically self-interested in the compensation process. Other aspects of the ‘injured worker role’ are evident in the following data excerpt. Here, an adjudicator is telling a story about a client:

The doctors didn’t think he [injured worker] could walk much less run. This man, in 6 months, he was not only walking he was running! Took himself back to work before the doctors were even ready to tell him he could go back to work. And it was astonishing, his recovery. He did that because he wanted to. There was no way that he was not going to recover. You gotta admire them, you almost want to make them your poster person. See what the human spirit can do right?.. Then on the other hand you have people who have entitlement issues, they think that they are entitled to everything and more that there’s no way that we can satisfy or compensate for that injury. (ADJ Nancy: 305)²

Role expectations are evident in the vocabulary and phrasing: injured workers should be

² Excerpts are verbatim from the interview transcripts. Multiple periods (...) indicate where some words have been removed for clarity, brevity. No data is removed that is deemed important to the meaning. Names are pseudonyms. The number refers to the line number in the NVivo computer file.

self-propelled, determined, self-reliant, and not feel that they have a right to compensation. Of some interest is the distaste some FL staff expressed for injured workers' sense of 'entitlement'. One example of the variety of ways in which this was articulated by FLers is this comment from an adjudicator,

In a lot of cases I believe that that's just the attitude they [injured workers] went in with: 'They owe me because I have an injury'. (ADJ Hannah: 331).

Although we cannot tell from our data what FLers thinks about the issue of entitlement as a principle, we do know that they frequently reacted negatively to the *performance* of entitlement, to the perception that IWs were acting *as if* they were entitled. It may be that FL staff are reacting to the expression of moral entitlement rather than to the legal exercise of entitlement. The injured worker role thus may also include expectations and sanctions around how IWs *enact* their right to compensation.

Other elements of the injured worker role include not being 'dependent', as illustrated by this adjudicator's remark:

They [injured workers] have zero interest in ever going back to work. They just, 'where's my cheque'... They're dependent on me and that's not good ... You should be able to go out and, you know, kinda take some ownership over your own problems..." (ADJ Michael: 669)

The data also suggest that injured workers are expected to not be 'greedy' (ask for too much), or to complain too much, or even to 'know too much' (the latter sometimes signal to FL staff that the worker might be 'playing the system').

Injured workers who fulfill expectations of the 'ideal' role are rewarded with the admiration and support of the FL (see in the above quote "You gotta admire them, you almost want to make them your poster person"). The ideal role model sets an implicit gold standard against which worker clients are judged by FL staff. Violations of role expectations – being seen as too passive, too dependent, too anxious about re-injury, too demanding - have the opposite effect – disapproval, or sometimes even suspicion. "Red flags" also go off for some FL staff when they see what they consider to be 'over-performance' of the role: a too conspicuous display of pain, compliance, or eagerness to RTW.

The 'employer pays' discourse. Another FL discourse of consequence is the notion that "the employer pays" for the WSIB. Such a perception is not incorrect in a literal sense - the WSIB does indeed get its income from employer premiums. But this idea, which is often articulated in the data, can subtly function to prioritize the interests of the employer: as the aphorism goes, 'he who pays the fiddler calls the tune'. This framing has various implications, including the way it differentially constructs employers and workers within the WSIB. Significantly, employers are associated with revenue, injured workers with cost. Notable in this discourse is the apparent absence of recognition of the workers' contribution to the original compensation bargain – relinquishment of the

individual right to sue the employer – and the idea that workers could be thought of as ‘paying’ into the system in non-monetary form.

Discretionary practices

FL work is in many ways highly systematized, particularly for adjudicators and for customer service representatives who are expected to adhere closely to WSIB policies and procedures that are documented in procedural manuals, training texts, computerized forms and reporting system and so on. FLers (particularly adjudicators and nurse case managers) frequently referred to the need to ‘go by the book’ and ‘stick to the rules’. At the same time, however, we noted the frequent, somewhat opposing, assertion that there is ‘no one right way’ to handle cases, and that there is a need for ‘flexibility’ in how the rules are applied and interpreted. This contrast was an early alert to us of the possibility of individual, idiosyncratic judgment, which we called ‘discretion’: action that is less hinged on formal rules and guidelines, and that involves varying degrees of unscripted response and autonomous judgment and decision making. Further analysis led us to propose that discretion is a reflection of the practical limitations of rules in the governance of work, and is functionally critical to the execution of FL work.

Practical limitations of rules. The FL work cannot be done entirely ‘by the book’ because it is not possible to spell out in textual form every circumstance and contingency of the situation at hand. Further, policy and procedures are, to varying extent, incomplete and ambiguous. Interpretations and decisions constantly have to be made in the uncertain ‘grey zones’ of institutional guidelines. The managers of the WSIB recognize that not everything can be formulaically administered, and there are strict procedures in place for controlling discretionary practices. For example, adjudicators must justify decisions when they depart from existing procedures or interpret ambiguous policy, and all staff are expected to officially document and provide rationales for what they do.

For some FLers, grey zones seemed to offer useful ‘leg room’ and maneuverability, while for others, gaps and lack of clarity left them frustrated and uncertain of how to proceed. Both responses, however, pivot around the issue of discretion and helped us conceive the underlying role and mechanisms of discretion in FL work.

Discretion as ‘tool of the trade.’ The study found that discretionary activity goes considerably beyond the issue of ‘grey zones’ and permeates the everyday conduct of FL work. Discretion is, knowingly or otherwise, ‘strategic’. That is, it achieves certain instrumental ends for FLers and functions as an important ‘tool of the trade’ for the execution of FL work. The following examples illustrate the varieties of ‘discretion’ that are exercised in the course of normal FL work, and how they can facilitate the conduct of work.

- An adjudicator waives a penalty against an employer for not filing Form 7, (the form employers must submit to the WSIB for every injury/disease occurrence involving lost time or modified duties), noting a concern that such sanction might derail future collaboration around RTW.
- An adjudicator gives priority to work that is related to timely payment of benefits, and to answering calls from doctors who are difficult to contact.

- A customer service representative issues a clearance certificate automatically for a 'good' client, bypassing the usual phone call procedure.
- A customer service representative does a 'favour' to an employer by only going back two years on overdue payments, so as not to 'drive him out of business'.
- A nurse case manager informs one injured worker (but not another) of the availability of benefits for psychological as well as physical trauma.
- FL staff put some information about a client or a file into the formal computerized record system; other information gets hand-written in informal places.

Discretionary activity is integral to all work, with particular significance in people-processing organizations (24). Although in some cases such practices may constitute some sort of deliberate insubordination or transgression of organizational rules, for the most part they constitute the mundane but essential part of the normal day-to-day execution of jobs. Some acts are done with little self-awareness and are invisibly embedded in interaction and in bureaucratic forms and operating procedures; others are deliberate and 'strategic' in the sense that they are used for instrumental reasons, for example to avoid delays, improvise solutions, secure client goodwill, minimize conflict, encourage client compliance, reduce costs, and mediate agreements between workplace parties. Intentional or otherwise, these practices are a key resource for doing FL work and for achieving the objectives of the WSIB.

Discretionary practices, however, can be complex and socially nuanced. Consider what the adjudicator is saying in this excerpt from an interview:

Like I originally in good faith, I approved the retraining programme to start some time mid-August.. he [IW] said, "No, I cannot go, I'm not going to that, I have my kid, no-one's going to look after my kid, I can't afford day care". So just to kinda, I probably shouldn't have done this, but just to kind of accommodate him, you know, it was like okay, I can push your start date back two weeks, you know, so you can arrange [child care]... Even though, like, I'm not really supposed to be looking at that kind of stuff, because I'm trying to show him ...in good faith and then he's like, "Okay, you know, I'll go" and then as soon as the programme started he said, "No, I'm not going, I can't afford the bus". So I got a barrier every single...nothing I can do to work with this guy. I've given him pretty much everything I can offer him, nothing more I can do.

(Interviewer): So what do you do with a case like that?

I'm looking at it basically as a non-cooperation type issue. So basically what I'll do is I'll just basically stop the--cancel the training programme and stop the benefits then. He doesn't clearly want to participate so...

(ADJ Michael, 276)

Many discretionary practices are evident in this text. For example, we can see a sort of implicit moral exchange: the adjudicator is offering an accommodation to an injured worker but is expecting him to cooperate in return. The adjudicator feels let down by what he sees as the refusal of the worker to reciprocate, and he casts the worker's actions

as a moral failure. This ‘discursive’ framing contributes to the adjudicator’s categorization of the client as ‘non-compliant’, a designation that, in combination with an assessment of insufficient motivation (‘he clearly doesn’t want to participate’), helps support a decision to terminate WSIB support.

Discretionary acts serve many different purposes: they secure cooperation, mitigate disappointment, engender trust, reduce ill-will and resistance – all of which play key roles in facilitating the compensation and RTW process. Within a rule-governed, assembly line system discretionary acts are among the FLs most important tools of the trade. They function as a form of ‘capital’ that can be drawn on to barter, to make informal ‘deals’ (in a sociological sense), to engineer resolutions to conflicts and to prevent cases from stalling.

The discretionary uses of personalization. An interesting strategic discretionary device in FL work was ‘personalization’: the effort to render client-provider relations more personal, individualized, less bureaucratic. The strategic use of personalized relations was a tool in the FL’s management of clients, work flow, and conflicting institutional goals. For customer service representatives, personalized relations with employers (e.g. informal inquiries about the wellbeing of family members, the use of first names, taking individual and business circumstance into consideration) is an important mechanism for building rapport, for maintaining trust, cooperation and regulatory compliance, and, ultimately also for bring in revenue to the WSIB, their ultimate responsibility.

Adjudicators, on the other hand were more likely to craft *impersonal* relations with claimants. They spoke about the need to ‘stand back’ in order to appear impartial and professional (‘you have to stick to the facts’) and to protect themselves emotionally from the challenges of continuous exposure to clients’ personal distress and hardship (‘you can’t let it get to you’). Nurse case managers positioned themselves, often uneasily, between the personal and the impersonal, reflecting a tension between their professional nursing role (as advocate for the patient) and their administrative role (as employees of the WSIB).

Downsides of discretion. The exercise of discretion is central to the power that the FL has over clients and to their efforts to please clients with opposing interests and to manage the competing institutional demands identified earlier. However, discretionary activities can also create problems for the FL. Ad hoc, individually tailored problem solving can be seen as reasonable and compassionate ‘flexibility’ (as the FL liked to call it) and can contribute positively to moving people and files through the system. But it may also be seen by supervisors and other clients as idiosyncratic and inequitable, as privileging some clients over others, and as signaling (and inviting) unprofessional moral judgment, social prejudice and favoritism. FLers may find some clients asking ‘Why did Mr X get such and such and I didn’t?’ or face appeals on the basis that rules have been inconsistently and unfairly applied. Although it is widely understood at the management level that FL discretion exists and is needed to do the work, public exposure of it can ‘backfire’ on individual FLers by incurring complaints to managers and negative political repercussions for the institution.

The social delicacy of discretion and its conflicting effects are reflected in the justificatory vocabulary used by the FL in speaking of how they do their work. We heard repeated reiteration of phrases like ‘there is no one right way’: they spoke of ‘unwritten rules’ of conduct, and used more positive euphemisms for discretion (‘thinking outside of the box’, being ‘creative’, ‘flexible’ or ‘reasonable’).

In sum, the discretionary practices of the FL enable them to do their jobs as expected of them in a way that meets the over-riding and sometimes conflicting institutional imperatives of the WSIB, and to handle the complex intricate tension inherent in their relations with clients. Such practices, however, put the FLs in the challenging position of having to abide by the rules while at the same time bending them. How they deploy their discretionary resources and the attendant risks and advantages is central to the nature of the service they provide and to the experiences of their clients.

Finding #4: The distinctive features of small businesses, and their marginal status in the WSIB, overlie and accentuate the core processes of front-line work.

The nature of small businesses and their place within the WSIB service model influence the core processes of FL work described above.

Small businesses and discretionary FL practices

Small businesses are not contemplated by many of the existing rules and guidelines for judging compensation claims and managing registration and revenue collection. For example, certain policies are difficult to apply in small enterprises (e.g. the ‘accommodation’ of injured workers through ‘modified’ jobs) or produce complicating perverse consequences (e.g. self-regulated return-to-work schemes can involve SB employers inappropriately in the personal and medical affairs of their injured workers (4)). For FL service providers, the mismatch between administrative and policy structures and the reality of life in small workplaces accentuates the need for the sorts of improvised discretionary practices discussed above.

In addition to the practical barriers to achieving RTW and other key institutional objectives on small workplaces, the FL must address the culturally distinctive nature of small workplaces including the particular form of social relations between employers and workers (e.g. relations of authority and mode of interacting (25)). FL staff found that in some cases they had relatively more power vis à vis the employer for several reasons including the fact that they dealt directly with employers who, compared to occupational health managers in larger companies, generally had less knowledge of the system, and had less ‘capital’ to trade on in their interactions with adjudicators or customer service representatives. In working with clients from small workplaces, FL staff also find themselves at times unable to use the regular tools of the trade for doing their jobs, and they are drawn into discretionary practices that work ‘around’ or even ‘against’ the system.

Status of small business in the WSIB

The underlying assumptions, operating principles, and policies of the WSIB are designed primarily with large enterprises in mind. For example, the design of policies and interventions tends to presume that workplaces are unionized and that health and safety management personnel and systems exist in the workplace. The ‘problem’ of small business is often addressed through exemption: many of the requirements of the Occupational Health and Safety Act and its regulations do not apply to workplaces of under 20 employees. However, the underlying OHS philosophy and many of the standard strategies, interventions and procedures that flow from it are ill-suited to the circumstances and operating culture of small workplaces. This has been observed in relation to notions of ‘self-reliance’ and ‘early’ return-to-work which assume that small workplaces have expertise, resources, circumstance and labour relations that they may not actually have (4).

Because FL service rationality includes awareness of cost and the perception that the system is paid for by employer premiums, small businesses may appear, compared to larger businesses, as generating less income relative to cost of servicing, and as costlier to service per worker. Further, small workplaces have a fluctuating presence/absence on the WSIB’s institutional radar screen. For example, a special unit for servicing small business was instituted during one WSIB operational reorganization, and disbanded during the next. Such organizational re-positioning of small business can signal institutional ambivalence about its priority, and demand constant re-configuration of work practices at the FLs. The institutional legitimacy of service to the small business sector may be enhanced by a dedicated unit, while the absence of a defined administrative home might reduce their institutional visibility and impede the accumulation of collective knowledge and skill particular to servicing this sector.

Implications

The findings of this study have relevance to the various stakeholders in the compensation system: FL workers themselves, injured/ill workers and their representatives, employers, the WSIB, and the OHS system more generally. However the meaning and use of this study differ between stakeholders who each come to the matter from a different standpoint and with different interests and accountabilities.

Mediating role of the FL

A major finding of this study is the role played by the FL in transmitting and mediating structural tensions in the WSIB. For the administrators of the WSIB, the study casts the FLs as a litmus indicator of the broader institutional pulse, and flags some of the internal human resources and organizational implications of changes in policy and operations. Any change in how the FLs are organized and managed will deeply affect the delicate balance of social relations and exchange that embody their role in managing the complex, contradictory goals of the WSIB as an institution.

Clients of the system – employers and injured workers – are sometimes inclined to locate their troubles with the WSIB in terms of the presumed personal misdoings, meanness or incompetence of the individuals they deal with at the front lines (4). Rather than this ‘shoot the messenger’ response, it is possible that insight into the experience of the frontline staff and their conflicted role and positioning within the WSIB might give clients a different ‘take’ on their encounters with the board and its FL representatives.

For the FLers themselves, the findings may enhance their appreciation of how the broader institutional context frames their work practices and interactions with clients, and enable them to better understand and articulate some of the challenges they experience in doing this work. Possibly it may also help shield them in some ways from some FLers described as an ‘ogre’ role (which they disliked) and other negative aspects of disciplinary and gatekeeping jobs that inherently disappoint or displease some clients regardless of personal performance or sensitivity.

The politics of discretion

A second important set of findings concerns the strategic deployment of discretion in the execution of FL work. The discretionary practices in FL work have implications for all parties. For the WSIB, organizational and political equilibrium depends heavily on the delicate mix of ‘going by the book’ and less formalized interpretation, accommodations and exchanges. For clients, discretionary actions can be arbitrary/unjust or compassionate/accommodative, depending on whether decisions and actions work for or against the individual interests of the client. How clients regard discretionary practices of service providers is also influenced by the extent to which the actions are seen to carry implicit moral judgments about clients and the situation. It remains to be seen how bringing the discretionary element of FL work into broader public view might affect the social order of work at the front-lines and the interface between clients and service providers.

The various findings regarding discretionary and ‘soft skill’ work at the FLs raise a number of questions. Managers at the WSIB may ask how best to manage a work process that is highly standardized and regulated at the same time as it requires improvisational, interaction- dependent practices. Injured/sick workers may ask what the duality means for how they conduct their claims-making activities, including how they represent themselves and their suffering, and how they interact with FL staff. These findings also cast some light on the ‘playing it smart’ practices of small employers and compensation claimants (efforts to position oneself advantageously with respect to the requirements of the program) within Ontario’s return-to-work policy (4). On the basis of findings from the FL study regarding the different discursive framings of employers and injured workers, we might anticipate that such client activities might be differently interpreted depending on whether it were injured workers or employers who were ‘playing it smart’.

Opposing scripts for the injured worker role

The study revealed some ideal type conceptions and implicit role expectations of the ‘good’ injured worker held by the FL. From what we already know about injured workers’ perceptions of the WSIB, this study makes it apparent that FL staff do not view

the world through the same lens as do their clients. For injured workers the encounter with the WSIB can be hugely stressful and tension-laden, while FL service providers view interaction with clients in terms of their own job challenges and role in the WSIB. Each can attribute meaning to practices of the other that do not coincide; each can misread the other and thereby behave in ways that unknowingly compromise the interaction and their own positions.

One kind of misreading can arise in relation to the injured worker 'role' for which FL staff and injured workers can have opposing scripts. Injured workers may strive to portray themselves and their cases in ways that inadvertently violate implicit role expectations held of them by the FL staff. For example, we know from previous research that injured workers suffer from the perception that they are not 'believed' by adjudicators, that they strive constantly to 'prove' and 'perform' the authenticity of their suffering and disability and claims to work relatedness (26, 27) . However, the present study brings out the adjudicators' standpoint and view of the situation, and the nuanced, role expectations they hold of injured workers. What comes into view is that injured workers' efforts to assert their credibility and comply with what they believe is expected of them might inadvertently constitute 'over performance' in the eyes of FL staff, signal moral inadequacy and the 'wrong' sort of motivation, which can undermine rather than shore up the legitimacy of injured workers' selves and their claims.

Injured workers sometimes hesitate to self-treat or take too much initiative for fear it will jeopardize in some way their cases before the WSIB (4, 27). In this study, however, we see that such hesitation can elicit disapproval from the FL, who can see it as a sign of injured worker 'dependence' or failure to 'take ownership over' their situation. Or, injured workers may get caught between opposing expectations. For example, working in the garden may comply with the doctor's recommendation for relieving stress and getting exercise and the FL staff's expectation that claimants should try to 'help themselves', but if reported by a neighbour could bring disability into question and undermine a claim. Role violations, however unintended, can raise 'red flags' to service providers, which in turn can contribute to the stigmatization of injured workers and erode their relationship with FL staff –both of which can compromise worker wellbeing and recovery.

Especially where facts are skimpy or unclear, the fates of injured workers, and the work flow of FLers, lie heavily in their mutual ability to accurately read and appropriately respond to the subtleties of word and behaviour conveyed by the other. Such a task may be beyond a great many injured workers at this emotional and extremely stressful time in their lives. On the other hand, it is also possible that enhanced insight into the client-service provider relationship might foster in clients what has been called 'strategic accommodation': for example where clients present themselves and behave in ways that influence how service providers perceive them (28).

Differing operating logics: eligibility vs justice

Combining the findings of this study of FL work with what we know of injured workers' perspectives from other studies (29, 30) (31, 32), we begin to appreciate how clients and service providers view the world from fundamentally different places and have

correspondingly different ‘logics’ or understandings. An example of this is their different conceptions of the nature of the service the WSIB provides. To those who work on the front-lines, particularly adjudicators in this case, *eligibility* and the application of bureaucratic criteria are at stake: Are workers covered by the legislation? Are employers classified in the correct rate group? Is the injury convincingly linked to work? Have injured workers and employers properly fulfilled their legal obligations? Have procedures been carried out as they should?

In contrast, although injured workers know that their injuries or situations may not qualify for compensation (i.e. that eligibility is at issue), they understand and experience much of what happens to them in terms of legal and moral *justice*: they feel they have a *right* to be compensated for injury from work, that they *deserve* to be supported and treated fairly, that they have been *wronged* and that this should be recognized and rectified (5, 8, 27, 29, 33).

These two standpoints for viewing the WSIB intersect at the front-lines of the agency. Injured workers who see their situation as being about justice and deservingness interact with adjudicators and nurse case managers who see the situation as being about gate keeping and eligibility. This clash of definitions of the situation may help explain some of the adjudicators’ resentment of workers who have a ‘sense of entitlement’, and some of injured workers’ resentment at being treated like insurance ‘scammers’ or welfare recipients who should be grateful. The clash may contribute to strained interpersonal relations between the WSIB and its clients, and in some cases, may contribute to the stigmatization of injured workers (5).

FLers and injured workers are operating, to some extent, on different operating ‘logics’. One might ask how this discrepancy in perspective at the front-lines – and the difficulties that flow from it – might be related to the broader institutional shift in name and purpose from ‘compensation’ (Workers’ Compensation Board) to ‘insurance’ (Workplace Safety and Insurance Board). The insurance model represents a different way of defining clients and the business of the board than does the compensation model. It is possible that when the WSIB shifted to an insurance corporate identity that injured workers retained the original historical spirit of ‘compensation’ and the stage was set for the sorts of conflicts our research has explored. More research on the implications of these contrasting institutional models is warranted.

The problem of (im)partiality

The study documented some evidence of how employers and injured workers were differently perceived and treated at the front-lines: the ‘employer pays’ discourse, the association of workers as costs and employers as revenue, and the legitimacy of economic self-advancement for employers but not for injured workers. These might be seen as privileging the employer (to avoid ‘biting the hand that feeds you’) and disadvantaging workers on the institutional playing field. Curiously, though, employers have been noted to believe that the WSIB is typically ‘on the workers’ side’ (4).

One is led to ask how such subtle discursive steering effects can be reduced in order to enhance the ability of the WSIB to operate more impartially. One could re-ignite the embers of institutional consciousness of the WSIB regarding the workers' original contribution to the compensation bargain – relinquishment of the right to sue the employer. Moreover, one could propose a re-calculation of this contribution to incorporate into its current value in the context of the possibility today of class action suits and lawyers' contingency fees. In addition to contributing to a leveling of the client playing field, such a recalculation might lend support to the WSIB's efforts to convince employers that they are currently getting good return on the money they put into the system.

OHS and small business

This study of FL WSIB work with small business brings out new dimensions of the widely-noted challenges of improving health and safety in such enterprises. We note the significance of power in relationships between service providers and clients in small workplaces, and the marginal status of small business institutionally (due to low revenue potential, mismatch with dominant regulatory apparatus). The study shifts focus away from the more common preoccupation in this field with the character of small workplaces and those who work in them, and on to service providers and organizations, and the OHS system.

The OHS system

This study models an approach to understanding the problems of work-related injury and ill-health that shifts the research gaze 'upstream' on to the OHS system, and that is attentive to the way in which the system is comprised of multiple different standpoints, conflicting interests, and delicately balanced political relations. Understanding WSIB front-line work as a work process in its own right, and identifying its role in the wider institutional context in which it is located, contributes a small piece to the broader effort to characterize the system as a socio-political whole.

Appendix 1

Review of Literature **Relevant to Understanding Front-line Work at the WSIB**

This appendix includes literature reviewed prior to conducting the study (for the research proposal) and literature consulted during the project. This review includes literature from the return-to-work field because it was the source of many initial ideas that informed the study of FL work. It also includes literature on what we know about case managers, occupational health service providers and other human service workers doing work of relevance to understanding the FLs of compensation boards. We include also some comments on what is known about ‘emotion work’, an aspect of FL work we anticipated might be of relevance (which we did not in the end draw on to any large extent).

Literature on return to work that framed the current study

Much of the literature on RTW focuses on how best to get injured workers back to work in the quickest and most effective way. A major emphasis in this literature is put on the interaction between employers and injured workers, and on how to improve relations in order to ensure a smoother RTW process (4, 34-38). While this literature is replete with peripheral references to how the RTW process includes interaction with FL staff in the compensation claims system, the role of these FL workers appears to have been taken for granted. There has been little focused investigation of the relations between employers, workers, and government agency personnel. Moreover, we have limited knowledge of the process from their standpoint, and little understanding of the understandings, experience, logic, and implicit knowledge brought to bear by them on the process.

The role of FL compensation staff is particularly salient in the context of RTW services to the small business sector. Employers in small businesses tend to deal directly and with relative inexperience with FL staff in the compensation system (2, 25, 39). Because small businesses have fewer employees than large organizations, incidents of injury and the need to report and claims occurs relatively infrequently, which means that employers are often unfamiliar with the system requirements regarding prevention, reporting incidents, filing claims and accommodating injured workers under the current WSIB policy of ‘early return’ and self reliance. This inexperience is compounded by the fact that small employers, particularly those in the smallest establishments, tend not to have mid-level managers with dedicated responsibility for health and safety matters, or administrative apparatus for dealing with the process.

Our study of RTW (4) clearly highlighted the central role of WSIB FL staff in the RTW experience of injured workers and employers in small workplaces. Employers were found to be heavily reliant on direct interaction with FL compensation staff when negotiating workplace injury claims and processes. And injured workers too, of course, were profoundly affected by their relations with adjudicators and nurse case managers. This research, however, was focused on the perspective of the employers and the injured workers. A more complete picture of the RTW process requires parallel research on the experience of WSIB service providers.

Research on case managers and other occupational health service providers

There is a paucity of research on the FL work of compensation and prevention providers in Canada. What is known about this type of work is limited to the experience of ‘case managers’ in the United States. The work of case managers-- claims managers, occupational nurse consultants, and nurse case managers in managed care organizations, hospitals, and workplaces—is likely to be similar in many respects to the work of Canadian service providers. The case manager literature dwells on three areas: the success of practice guideline implementation, the difficulty of liaising with multiple parties and establishing priorities, and the structural factors that shape how well case managers can assist worker rehabilitation and RTW.

The adoption and implementation of practice guidelines was a focus of several studies. Shaw et al. examined skill implementation of nurse case managers following a training course on workplace accommodations (40). They describe the levels of confidence associated with the use of certain skills (e.g. *re* risk factor identification and worker accommodations). A third study by Harris et al. found that adjusters and nurses used practice guidelines only half of the time, and that barriers to guideline implementation included procedural issues such as complicated guideline format or impractical guidelines (41).

The literature on case managers also focuses on difficulties experienced by case managers in their coordinating role as they liaise among multiple parties including physicians, the insurance industry, employers, providers and workers. Pergola et al. report that claims managers and occupational nurses experience problems with role overlap, including misunderstandings about responsibilities of these multiple parties (42). Other studies focus in particular on conflict experienced between case managers and physicians. For example, Nadler et al. found that the most frustrating aspect of a case managers’ job was dealing with physicians (43), while Moreo describes lack of congruence between these two parties, with case managers viewing their services as a valuable support to physicians while physicians see case managers as interfering and as taking up valuable time (44). Other problems experienced by case managers include difficulties with the establishment of priorities, such as those relating to patient advocacy and the financial bottom line. McCollom notes that it is often difficult for case managers to distinguish how far to advocate for a patient before compromising their own accountability to the work organization (45). Ingersoll describes the case manager’s ethical obligation to the client as constantly under pressure by financial obligations such as cost limits (46). She points out that case managers must juggle business aspects of care with financial, social, and cultural factors that may influence a person’s recovery.

The literature on case managers in the United States also examines the structure and mandate of their work. Pergola et al. note that complicated paperwork and uncertain reporting requirements affected the flow and the success of case managers’ work (42). Nadler et al. report that case managers’ most important priorities were minimizing lost time with early RTW, and that, in support of this mandate, case managers had formed preferences for certain types of easier-to-deal-with physicians, such as occupational

medicine specialists, psychiatrists, and orthopedic surgeons (43). Thus we see here that policy (such as speedy RTW) and structures (such as complicated paper work) affect *how* case managers go about their work.

This literature on American case managers highlights many issues that are relevant to FL staff in Ontario's WSIB, including practical difficulties associated with implementing guidelines, problems associated with playing a coordinating role between various parties who each have their own needs and interests, difficulties with the establishment of priorities, and process-oriented challenges such as complex paperwork and time-sensitive reporting requirements. Such challenges may be compounded in the case of FL staff working with small enterprises because they are interacting with a large number of different employers. Relations with each of the small businesses require rapport and ongoing trust and communication and may require greater FL worker effort than that required to establish relations with a smaller number of large organizations. The work of a small business FL provider who works directly with each employer contrasts to the work of those working with large organizations with experienced human resource personnel who routinely deal with compensation requirements and processes.

This literature on case manager work explores many important issues--such as difficulties and obstacles to efficient service delivery--but it has a limited methodological and theoretical focus. These studies have relied heavily on reports from conferences and on experiential accounts, which means that the data and analysis is largely anecdotal and descriptive, rather than systematic and theoretically informed. Where more scientific approaches have been taken, the methodology tends to be surveys, which rely on preconceived conceptualizations of the issues and have limited scope and conceptual depth. The literature on case managers is also limited theoretically by its focus on micro issues, such as job tasks. It falls short of exploring the more generic issues of how case managers actually *accomplish* the complex coordination of their work, and does little to *explain* the nature of this type of work or how it is shaped by the administrative, organizational and policy context.

Research on 'human service' work

The work of FL compensation and prevention providers can be characterized as 'human service' work within a human service organization. Human service organizations, according to the signature work by (47), work directly with the people they are to protect, maintain or enhance and they are mandated to promote and protect the welfare of these people. Hasenfeld notes that human service organizations tend to have a moral foundation, to be rooted in welfare ideology and to reflect societal values about human welfare and well being. This conceptualization of the field might seem appropriate for work relating to our Canadian occupational health insurance systems which were founded on principles of no-fault (for worker welfare and employer protection) and on a state welfare ideology (taking care of our vulnerable populations) (48-50), but this study of WSIB FL work brings into question this framing of the situation.

According to Hasenfeld, the core of the work in human services organizations is the relationship between clients and FL workers, and the quality of the relations is essential

for this work. Human service work is distinguished because its ‘raw material’ as well as the ‘products’ are *people*. Many models of occupational health and safety rely on a manufacturing typology and overlook the human relations that are an inherent and integral part of the growing human service sector. Soderfeldt et al point out, for instance, that the well known demand-control model (51) focuses on internal workplace relations and tasks and does not conceptually allow for aspects of demand and control that have to do with client relations and management (52).

Recent literature on human service organizations provides a greater sociological *contextual* understanding of this type of work and brings to the forefront some useful concepts for understanding the work of FL compensation and prevention providers. Brown and Crawford’s study (53), for instance, describes FL providers as actually *thriving* amidst the complexity of their work (consistent with, though not reported in the findings above, the finding in our FL study that staff did not always feel troubled by their work at the WSIB, and even reported satisfaction). They critique the traditional literature on human service managers for tending to promote an image of “heroic pirates” who resourcefully bend the rules as they struggle with complex and arcane service systems. Their sociological study of community health providers in the United Kingdom offers a counter model to the usual ‘stressful conditions’ imagery of FL work, with the proposition that FL providers are regulated by means of a subtle “*deep management*.” Providers in this study were thriving in complex conditions requiring independent decision-making because they had become *self-regulating*. They had internalized a strong client care mandate and had, in the absence of conspicuous, directive management, formed a ‘state of mind’ which involved individualized responsibility for accomplishing their service delivery tasks. So rather than decrying a lack of human resources support or a lack of clear decision-making pathways, these managers were enjoying their discretionary control and the ability to advocate on behalf of their patients.

A major contribution to the study of service work is the classic 1980 study of front-line public welfare work by Michael Lipsky, *Street-Level Bureaucracy* (24). The empirical depth and theoretical insights of this study have much to say to the study of FL work at the WSIB. Of particular relevance is Lipsky’s analysis of patterns of practice in relation to the conditions of work and the bureaucratic process, relations with and management of clients, and the exercise of discretion and power in public service work.

Moffat’s in-depth interview study of social workers also offers contextual insight into FL work with its analytic focus on relations beyond the client and the FL provider (54). Moffat points out that FL workers make vital decisions about access to resources and that it is worth examining how choices are made as well as the rationalities behind and justification for these decisions. This study details the administrative requirements, visits, paperwork, and FL worker judgment required to determine eligibility, and then, once eligibility is determined, the reconstitution of the client as a ‘case’ within a complex system of surveillance and obligations. This context-oriented study focuses not on the individual workers or the clients, but on the type of system in which the FL providers are engaged and on how *administrative mandates of this system* shape the kind of information gathered and the quality of the interaction with clients.

Gustafson's study of home care workers provides an additional type of analytic focus on the context of FL work (55). Gustafson traces how social relations of FL workers all the way through the home care system (from the inception to the conclusion of a case) are organized by and in relation to the intake record as it passes from one individual to the next. She examines how, at each processing interchange, the document is received, interpreted, modified or acted upon before being passed onto the next interchange. The intake record itself, Gustafson notes, is institutionally organized by bureaucratic practices that are both internal and external to the organization. For example, legislation as well as administrative policies and procedures regulate and standardize the kinds of information that are collected and acted upon as the intake record is passed from one worker to the next. Gustafson argues that the activities of the home care worker are only understandable in the larger context of the *institutional bureaucratic procedures* as well as the *legislative, health care, and insurance system* in which their work and procedures are embedded.

Saugeres' study of housing officers in the UK focuses on the *discursive context* that guides the orientation and decision-making of FL workers (56). Saugeres examines the difficult issues faced by housing officers and the coping strategies they had formed to deal with the conflicting pressures of making difficult decisions about allocation while also working within pre-determined policies and procedures. This study emphasizes the importance placed by FL workers on the quality of interaction with individual tenants and how this interaction quality affected how far officers would "go out of their way" for certain tenants. The housing officers did have to work within the confines of policies and procedure, but they also had the discretion to adopt different courses of action for different people. This study emphasizes how the discretion exercised by these FL workers tended to reflect a particular discursive orientation (certain ways of knowing, thinking, and acting) which favored tenants who were 'respectable citizens' because they conformed to dominant social values such as keeping a clean house and a tidy garden. Less effort was made for tenants who appeared less deserving such as those who were untidy, idle or disruptive. This discursive orientation of housing officers involves an informal, implicit way of approaching their work, but Saugeres argues that housing officers were reflecting dominant ideologies that were prevalent throughout the organization and indeed in broader societal discourse.

These studies of the context of human service work bring to our attention several useful concepts. Brown and Crawford (53) highlights how a methodological and theoretical focus on the barriers and problems of FL providers (such as is the focus of the case manager literature) obscures some valuable and more subtle insights into the nature of the work itself. They described a model of successful "deep management" where, in the absence of conspicuous, directive management, FL service providers had formed a 'state of mind' which involved individualized responsibility for accomplishing their service delivery tasks. The Moffat (54) and Gustafson (55) studies illustrate how the administrative mandates and procedures of a human services organization shapes how FL workers carry out their work. The Saugeres (56) study adds another layer of context by

examining how broad institutional and societal values affect the way FL workers will make decisions or “go out of their way” to help clients.

A recurring theme in the literature on human service work is the fact that it often involves the management of human emotion, and that this has important implications for those who do this kind of work, for the recipients of services, and for the organizations that engage in human service.

Research on ‘emotion work’

The literature on human service organizations also provides a greater sociological *substantive* understanding of this type of work. Human service organizations are distinct in that the ‘raw’ material is a human being, and so the organization is limited to what it can do and how it can do it. Hasenfeld (47) notes that complications can arise as the role of the client is not always voluntary and so the interests of the client and the human services organization can be incompatible. Therefore, in order to carry out its mission, the organization must develop methods to gain compliance from the clients. The notion of an *involuntary client role* has relevance to some WSIB service work, at least in the case of injury and compensation. Staff interact with clients (injured workers and employers) who, albeit for differing reasons, are there out of necessity rather than out of choice. The relationship between FL compensation and prevention staff and their clients may involve highly charged issues (loss, blame, compliance, entitlement).

Increasing attention is being paid to the ‘emotional labour’ required of workers in FL positions. This concept of ‘emotional labour’ was introduced by (57) following ethnographic research on airline stewardesses. Hochschild describes emotional labour as involving voice (telephone) or direct contact with the public, the requirement to produce an emotional state in the client, and the opportunity for the employer to exert some control over the emotional activities of workers. The central emotion management task for workers, according to Hochschild, is to publicly display an emotion they may not necessarily feel. FL service workers, whether displaying positive emotions such as a smile or negative feelings such as disappointment, must manage their emotions so as to produce a particular emotional state in a customer or a client. Studies of emotion management of FL occupations (57-59) have put forth the view that the performance of emotional labour is potentially psychologically damaging, because of an estrangement between self and display, and may constitute one source of job-related stress.

More recent literature on emotion work has examined positive aspects of emotion work, such as satisfying emotions and the strategic use of emotions by FL workers as a way of establishing rapport with clients and of gaining compliance. Wharton’s study of FL work suggests that interactions with the public may be experienced by some as emotionally exhausting, but by others as a source of satisfaction (60). In particular, Wharton’s study found that women and those with high job autonomy reported significantly higher levels of satisfaction than other who perform emotional labour. Tolich’s (61) ethnographic study of supermarket clerks similarly found that clerks did experience stress due to the regulated need to display positive emotions to customers, but that the clerks also had

‘autonomous’ emotion management when they wanted to perform the emotion to cultivate a customer’s loyalty, or to simply have fun.

Treweek’s ethnographic study of the emotion work of workers in a residential care home highlights how emotion work can involve negative behaviours as well as positive ones and how FL workers strategically create order through emotion work (62). This study documents how the emotion work of FL staff was important for the maintenance of social control in the residential home through the administering of emotion incentives for ‘correct’ behaviour by residents.

The concept of ‘emotion work’ is relevant to FL compensation and prevention work. This literature brings our attention to the notion that FL workers can made strategic use of positive or negative emotions to control interaction with a client, and also sensitizes us to the possibility that the emotion work required in human service interactions can take its toll on workers as they, because of their contractual relationship with their organization, are required to display emotions which they may not feel.

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